

Mental Health Board Training
SELF STUDY EXAM

Name: _____
Address: _____
City: _____ State: NE Zip Code _____
Judicial District: _____ Mental Health Board: _____
Classification(attorney, physician, layperson, etc) _____

Multiple Choice (circle the one correct answer):

1. The level of evidence necessary for commitment is:
 - A. Beyond reasonable doubt
 - B. Clear and convincing
 - C. Clear and unequivocal
 - D. Preponderance of the evidence
2. To commit an individual he/she must be found to be:
 - A. Dangerous
 - B. Mentally ill or substance dependent
 - C. A and B
 - D. Intoxicated
3. In Wickwire's case the court ruled that a mental health board:
 - A. May commit persons with mental illness
 - B. May commit persons with mental illness only if they are substance abusers
 - C. May not commit people with mental retardation
 - D. May commit persons with mental retardation if they are dangerous
4. Mental Illness is a:
 - A. Thinking disorder
 - B. Mood disorder
 - C. Substance dependence
 - D. All of these
5. The four factors in dangerousness are:
 - A. Magnitude, likelihood, imminence, frequency
 - B. Age, intelligence, gender, social class
 - C. magnitude, likelihood, intelligence and frequency
 - D. Diagnosis, prognosis, insight, orientation
6. The best predictor of violence is:
 - A. A past history of violence
 - B. A DSM diagnosis
 - C. A law enforcement officer
 - D. A board certified psychiatrist
7. The percentage of overall violence in society attributable to mentally ill or dependent persons is:
 - A. .05%
 - B. 3%
 - C. 10%
 - D. 25%

8. The greatest potential for danger is represented by:
- A. Breaking objects
 - B. Making threats of violence toward others
 - C. Attacking others causing physical injury
 - D. Hitting a wall with a fist
9. The dangers to self include:
- A. Drug and alcohol dependence
 - B. Suicide
 - C. Self neglect
 - D. All of the above
10. A symptom of substance dependency is:
- A. Intoxication
 - B. Inability to stop using a substance
 - C. Using alcohol
 - D. Substance abuse
11. A mental health board should reevaluate a commitment decision when:
- A. Never--reconsideration is not allowed by law
 - B. The person is not following outpatient treatment plan
 - C. The person has been waiting for placement after committal
 - D. Both B and C
12. The definition of dual disorder or dual diagnosis is:
- a. Diagnosis of alcohol and drug dependency
 - b. Diagnosis of minor depression and substance abuse
 - c. Diagnosis of severe and persistent mental illness and substance dependency
 - d. Diagnosis of severe and persistent mental illness and substance use disorder
13. The definition of co-occurring disorder is:
- A. Diagnosis of primary alcohol use and secondary substance dependency
 - B. Diagnosis of primary substance abuse disorder and secondary depression
 - C. Diagnosis of primary substance dependency and primary SPMI
 - D. Diagnosis of primary anxiety disorder and secondary behavior problems
14. Briefly describe the difference between dual disorder treatment and dual enhanced treatment.

The Mental Health Commitment Act considers _____ to be the treatment placement that should be considered last.

- A. Least restrictive level of care
- B. Outpatient level of care
- C. Most restrictive level of care

D. Community based substance addiction level of care

True or False: In the commitment process a substance dependent person is considered a mentally ill person.

True

False

True or False: Risk of violence is greatest in mental illness when delusions cause hallucinations to make sense to a person.

True

False

True or False: A person who talks openly about suicide will not make an attempt.

True

False

True or False: A person with suicidal ideation really wants to die.

True

False

True or False: Blackouts are a symptom of alcohol dependence/alcoholism.

True

False

List three rights of a subject at a mental health board hearing.

(1)

(2)

(3)

List 3 questions you will ask the subject and/or the mental health/substance abuse professional at the next mental health board hearing:

(1)

(2)

(3)

Identify one change you will personally make in your commitment decision making process at the next mental health board hearing, because of the information presented in this study guide?

When mental health boards commit an individual to an inpatient (acute or sub-acute) level of care, the order places the individual into the custody of:

(1) A given regional center

- (2) A given provider
- (3) A given community hospital
- (4) Department of Health and Human Services

Medication can be “forced” on a committed individual under which of the following circumstances? Choose all that may apply.

- (1) In an emergency to prevent injury to self or others
- (2) When the treating physician determines it is in the best interest of the individual
- (3) Following a hearing and order of a mental health board that such treatment medication will substantially improve the mental illness
- (4) To help the individual assist in their defense at a hearing.

The majority of apprehended sex offenders have which of the following DSM diagnoses (choose all that may apply):

- voyeurism
- pedophilia
- sexual sadism
- exhibitionism
- sexual masochism

Pedophilia is often associated with which of the following co-occurring personality disorders (choose all that may apply):

- dependent
- schizotypal
- obsessive compulsive
- antisocial
- histrionic

The recidivism rate for persons with pedophilia with a preference for boys is:

- the same as for those with a preference for girls
- less than for those with a preference for girls
- more than for those with a preference for girls

Please read the following two case scenarios and answer all questions as completely as possible. PLEASE WRITE OR PRINT LEGIBLY OR TYPE ON A SEPARATE SHEET OF PAPER.

CASE SCENARIO #1

A 40 year-old male was EPC'd from his home in a rural trailer park; he had called a friend after the bar closed Friday night and said he might as well kill himself. The friend called the police; they found a loaded shotgun by the back door. The man told police he was becoming more depressed, had reached the end of his rope, was way behind on his bills and didn't see a way to catch up.

After two days in the Crisis Center, the man now denies feeling suicidal. He shows some signs of depression: difficulty concentrating, feelings of helplessness, excessive sleep. However, until the incident he had continued to work and had gone to the bar every night at 5 p.m. He admitted smoking marijuana every now and then, "just to relax." He denies he has a drinking problem, since all his friends go to the bar after work. He has no psychotic symptoms, no violence history, the only legal involvement was a DUI last month. He is physically healthy, had not been taking any prescribed medications, has not had any previous mental health or substance abuse treatment.

His mental health diagnosis is:

Axis I Major depressive disorder, single episode, mild

Alcohol abuse, Cannabis abuse

Axis II Deferred

Axis III Asthma

Axis IV Difficulties with primary support, economic problems

Axis V GAF 55

A. What questions would you ask a clinician about the subject's diagnosis to help determine if mental illness is present. Explain why you would ask each question.

B. What questions would you ask to help you determine dangerousness?

C. What evidence of magnitude, likelihood, imminence and frequency is present?

D. What decision regarding commitment and level of care/services do you believe would be appropriate for this man? List your reasons for your decision.

CASE SCENARIO #2

A 21 year-old female is brought to the Crisis Center after she was found rummaging through the trash behind Wal-Mart. She was seen roaming the parking lot, talking and gesturing to herself. She refuses to answer any direct questions, continues to hum under her breath, is dirty, disheveled, and

dressed inappropriately for winter weather. She stated that she knows the staff can read her mind, so she is humming to confuse them. After a physical exam, she is found to be malnourished and underweight. The consulting psychiatrist requests a mental health board hearing after she has been on the unit for two days because she has refused to take any medication, claiming that the staff is being paid to poison her. She has an aunt and uncle living in a small town thirty miles away. When reached, they state she was enrolled at the local community college but had not been in contact with them for several weeks. As far as they know she has not used drugs, has never seen a psychiatrist, has no previous history of bizarre behavior.

Her mental health diagnosis is:

Axis I Paranoid Schizophrenia

Axis II Deferred

Axis III Malnutrition

Axis IV Primary support, economics, social, accessing medical care

Axis V GAF 25

- A. What questions would you ask clinician about subject's diagnosis?

- B. What questions would you ask to determine level of dangerousness?

- C. What evidence of dangerousness is present? Is the risk low, moderate, or extreme? Explain why you think low, moderate or extreme risk level in your answer.

- D. What decision regarding care/services would be appropriate for this young woman? List your reasons for your decision.